



Complete On-Screen and Print

MEDICAL INFORMATION SHEET

Everyone at any age should consider completing this form and storing it on the front of the refrigerator and over the visor in your vehicle. Making it available to paramedics entering your home will considerably reduce the time they spend acquiring medical information about the patient prior to treatment. This sheet could be a life saving document if the patient is unconscious OR if no one is familiar with the patient's medical history or medications.

DATE THIS INFORMATION WAS WRITTEN: _____

NAME: _____ BIRTH DATE: _____

ADDRESS _____ CITY _____ Zip _____

DOCTOR: _____

MEDICAL HISTORY: _____

MEDICATIONS

DOSE

MEDICATIONS

DOSE

ALLERGIES: _____

ADDITIONAL INFORMATION: _____

CONTACT PERSON

PHONE

HOSPITAL PREFERENCE: _____

**KEEP THIS SHEET ON THE REFRIGERATOR AND OVER THE VISOR IN YOUR VEHICLE.
GIVE TO THE EMS (LIFE SQUAD) IN THE EVENT OF A MEDICAL EMERGENCY.**